

local office in the area, by which department the homes will be inspected and approved.

4. Hosts will be expected to provide maintenance and all other costs of these children in a manner similar to the care they would give their own children, with the exception that the Dominion Government will be responsible under certain conditions. Here let me quote from the official memorandum issued by the Department of Public Welfare of the Province of Ontario:

"Should illness develop after the child has been placed, the host will be expected to provide ordinary medical care in the same manner as he would if the child were his own. Under no circumstances, however, will the host be called upon to bear the cost of hospitalization or of major medical care. This responsibility continues to rest with the Dominion Government. In the case of serious illness, the local Children's Aid Society must be notified immediately."

5. Careful records will be kept in the Province of the foster homes designated for any special groups of children such as doctors' homes for British doctors' children. As doctors' children arrive in Canada they will be placed in Canadian doctors' homes.

6. The question of preference as to sex, age, religion, etc., will of course be observed and it will remain, in the last analysis, for the foster home to accept or reject, as the case may be.

7. At present there is no indication as to whether or not funds will be released from Britain to pay for the maintenance of any of these children in Canada. Therefore, they must still be regarded as non-paying guests. This provision, of course, is open to change at the discretion of the respective Governments, but it would be wiser at this juncture to look upon the service as a voluntary one.

8. At this time I am able to report that information reaching me from three of the nine provinces indicates that medical homes in these provinces are ready to receive more than 1,100 British doctors' children. Accordingly, I am cabling the British Medical Association to this effect and suggesting that all arrangements with respect to sending their children to Canada must be made through the proper authorities in England, but that they may rest assured that, when the children arrive here, homes for the number of children designated will be available. It would, therefore, seem proper for each Division in the Association to take the following steps:

(a) Contact the medical profession of the Division to ascertain their wishes with regard to the acceptance of children.

(b) Notify the proper provincial authorities of the homes offered—giving names and addresses or advise doctors offering homes to contact the local welfare office.

(c) Advise the doctors offering their homes that all further negotiations leading to the placing of children in their homes will be

carried on between the governmental agency and the doctor.

9. It would seem desirable that each Division keep this office notified of the developments within the province,—i.e., as to the number of doctors' children the province will absorb,—in order that the details may be communicated from time to time to the British Medical Association.

10. Furthermore, it would seem proper, depending upon the extent to which advantage is taken of our hospitality, that the Divisions should organize either provincial or local medical advisory committees which would be responsible for taking a corporate interest in these doctors' children, depending upon the needs which might develop. I am thinking of such things as special attention, recreation or holiday privileges and matters of a like nature which will occur to our profession.

11. I would suggest that as soon as possible after receipt of this letter, you contact your provincial authorities—

(a) to enter into the necessary arrangements in your province for the reception of these children; and

(b) to confirm the understanding which I have presented in this letter which, while emanating from the Ontario Government, I am given to understand is in the main applicable to all the other provinces.

T. C. ROUTLEY,
General Secretary.

Hospital Service Department Notes

Problems of Smaller Hospitals

During the past year a special committee of the Ontario Medical Association made a study of the problems of the staffs of smaller hospitals. This committee, under the chairmanship of Dr. R. P. I. Dougall, of Petrolia, was made up of representatives of four counties, all of which were associated with the staffs of smaller hospitals. The facilities of 31 hospitals having less than 50 beds capacity were studied. Some interesting data were obtained.

It was gratifying to note the fairly satisfactory equipment of these hospitals. Practically all have x-ray facilities, two-fifths have fracture tables, one-third have an adequate supply of splints, and in two-thirds the bed accommodation was satisfactory. Of the 26 hospitals reporting on the nursing service 18 employ graduates only; of the 8 schools for nurses 3 were approved and 5 were unapproved. The question is asked, Has the discouragement of training schools in smaller

All communications intended for the Department of Hospital Service of the Canadian Medical Association should be addressed to Dr. Harvey Agnew, 184 College Street, Toronto.

hospitals fostered the development of unapproved schools and, if so, what effect will this tendency have upon the standard of nursing service in the districts concerned? Only one-fifth of the hospitals had qualified dietitians, the average salary being \$50 per month (plus maintenance, we presume). The employment of stenographers for history taking was not, in the great majority of cases, considered a practicable plan. As most of the replies were furnished by secretaries of hospital boards and nurse superintendents, this observation was hardly based upon full knowledge, as the use of properly trained medical stenographers has proved very satisfactory, and is certainly better than the present situation prevailing in small hospitals where the records are usually exceedingly sketchy, if written at all.

One-third of the hospitals reporting have no organized staff. In half of this group no supervision is exercised to protect the interests of the hospital or the patient. The Committee recommends that steps be taken to ensure either the enforcement, or preferably the revision, of existing regulations governing the staffs of smaller hospitals. In two-thirds of the hospitals medical men attend their own staff patients exclusively. This lays an additional load upon the practitioner rendering gratuitous services. A study of the gratuitous work rendered in 15 hospitals last year revealed that, on the Ontario Medical Association tariff basis, the medical staffs of such hospitals provided \$92,725 of free service, or an average of \$760 for each doctor. All returns favoured remuneration for staff services. This should be provided by the municipality and the province. Using certain township and town statistics submitted in the case of two hospitals, it was estimated that the cost of providing such remuneration on a basis of 50 per cent of the Ontario Medical Association tariff would be 14.4 cents per capita of population.

The Committee further recommends that the admission of staff patients be the responsibility of a permanently appointed non-political official; that staff cases be treated only by the members of an organized staff, as the practice of doctors treating their own cases only is economically unsound and tends to undermine the integrity of staff organization; that the formation or continuation of unapproved training schools for nurses be discouraged; that members of the medical staff strive to develop closer co-operation with hospital boards and that extraordinary clinical activities of nurses be restricted to the taking of blood pressures, blood counts and x-ray work, and those of orderlies be determined by the local staff. This last recommendation is at variance with that of the Canadian Hospital Council, which is of the opinion that, in the absence of interns, a specially trained graduate nurse could perform many of the clinical tasks which now cannot be done as fully as conditions would warrant owing to the absence of medical help in many hospitals. This excellent report

contains much valuable information and indicates a very commendable effort on the part of the medical staffs of smaller hospitals to work out these problems.

Medical Societies

The British Columbia Medical Association

The Annual Meeting of the British Columbia Medical Association, to be held at Nelson in September, is rapidly taking form. An imposing list of speakers is to attend, including the following: Dr. Duncan Graham, Professor of Medicine, University of Toronto, President, Canadian Medical Association; Dr. George H. Anderson (Medicine), Spokane, Washington; Dr. J. Harold Couch, Department of Surgery, University of Toronto; Dr. Stuart W. Harrington, Rochester, Professor of Surgery, Mayo Foundation; Dr. J. W. Lynch (Surgery), Spokane, Washington; Dr. Walter de M. Seriver, Montreal, Lecturer in Medicine, McGill University; Dr. Albert M. Snell, Rochester, Professor of Medicine, Mayo Foundation; Dr. Harold W. Wookey, Toronto, Department of Surgery, University of Toronto; and Dr. T. C. Routley, General Secretary, Canadian Medical Association.

Dr. M. W. Thomas, Secretary of the Association, is extremely busy at present, and a very successful meeting is assured.

The London Academy of Medicine

The following is a list of the Executive of the London Academy of Medicine for 1940-41: *President*—Dr. G. R. Collyer, 183 Wortley Road; *First Vice-president*—Dr. W. S. Johnston, 232 Queen's Avenue; *Second Vice-president*—Dr. J. H. Fisher, Medical School, Ottawa Avenue; *Secretary*—Dr. C. A. Cline, Jr., 325 Queen's Avenue; *Treasurer*—Dr. W. T. Haslett, 845½ Hellmuth Avenue.

C. A. CLINE, JR.,
Secretary.

The Toronto Academy of Medicine

Officers and members of council of the Toronto Academy of Medicine were elected as follows at the thirty-third annual meeting held in Toronto on June 18, 1940. *President*—Dr. William Magner; *Vice-president*—Dr. Charles J. Copp; *Hon. Secretary*—Dr. E. W. Mitchell; *Hon. Treasurer*—Dr. James W. Ross. *Elective Members of Council* (two-year period)—Drs. William Boyd, W. A. Burr, C. E. Cooper Cole, G. J. Gillam, Jas. Simpson, E. G. Wheler; (one-year period)—Dr. R. M. Janes.

The following were elected chairmen of sections—Medicine, Dr. Angus MacKay; surgery, Dr. Spence Reid; pathology, Dr. Gordon